## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and

CORRENT CORRESPOND	DENCE ADDRESS (Note: Use B	lock 1 for any change of address)	Fe	2184 Itansmiiini Thi	S CERTIF	irale cannot be used to	domestic mailings of the or any other accompanying at or formal drawing, mus
2292		2/2009					
PO BOX 747	/ART KOLASCH CH, VA 22040-0747	& BIRCH, LLP	I h Sta ade	Cert ereby certify that thit tes Postal Service w fressed to the Mail	tificate is Fee( ith suf Stop	of Mailing or Transus  S) Transmittal is being ficient postage for first ISSUE FEE address	nission deposited with the United class mail in an envelope above, or being facsimile te indicated below.
TALLS CHURC	JII, VA 22040-0747		tra.	nsmitted to the USP	FO (57	1) 273-2885, on the da	· · · · · · · · · · · · · · · · · · ·
			<del> </del>			· · · · · · · · · · · · · · · · · · ·	(Depositor's name)
			<u> </u>			· · · · · · · · · · · · · · · · · · ·	(Signature)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTRO		(Date)
10/622,377	07/18/2003		Thomas J. Jentsch			RNEY DOCKET NO.	CONFIRMATION NO.
TLE OF INVENTION	: ANIMAL MODEL AN	ID CELL-LINE EXPRE	SSING MODIFIED CHLA	ORINE CHANNEL	20	315-0445PUS1	9926
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	1	\$1810	04/13/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
HAMA, JOANNE Change of correspondence address or indication of		1632	424-093200	•			
FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Birch, Stewart, Kol  & Birch, LLP				
Tece Address" indi PTO/SB/47: Rev 03-0 Number is required.	ication (or "Fee Address" 2 or more recent) attach	Indication form ed. Use of a Customer	(2) the name of a single registered attorney or 2 registered patent attorney on the listed, no name will be	vely, e firm (having as a a a gent) and the name rneys or agents. If n printed.	membe	era 2 & B	irch, LLP
"Fee Address" indi PTO/SB/47: Rev 03-0 Number is required. ASSIGNEE NAME A	ication (or "Fee Address" 12 or more recent) attach ND RESIDENCE DATA ess an assignee is identi h in 37 CFR 3.11. Comp	Indication form ed. Use of a Customer TO BE PRINTED ON T	or agents OR, alternative (2) the name of a sing registered attorney or 2 registered patent attolisted, no name will be THE PATENT (print or type)	vely, e firm (having as a lagent) and the name rays or agents. If n printed.   x) atent. If an assigneassignment.	membe s of up o name	entified below, the doc	irch, LLP
"Fee Address" indi PTO/SB/47: Rev 03-0 Number is required. SSIGNEE NAME AD PLEASE NOTE: Unle recordation as set forth	ication (or "Fee Address" 2 or more recent) attached ND RESIDENCE DATA ess an assignee is identi h in 37 CFR 3.11. Comp	Indication form ed. Use of a Customer TO BE PRINTED ON T	or agents OR, alternative (2) the name of a sing registered attorney or 2 registered patent attolisted, no name will be THE PATENT (print or type data will appear on the p I a substitute for filing an	vely, e firm (having as a agent) and the name racys or agents. If n printed.   x) atent. If an assigneassignment.  and STATE OR CO	membe s of up o name	entified below, the doc	irch, LLP
"Fee Address" indi PTO/SB/47: Rev 03-0 Number is required. ASSIGNEE NAME AI PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIGNEE NEUROSEA	ication (or "Fee Address" 22 or more recent) attach  ND RESIDENCE DATA ess an assignee is identi in 37 CFR 3.11. Comp  ENCH A/S	Indication form red. Use of a Customer  TO BE PRINTED ON The field below, no assignee letion of this form is NO.	or agents OR, alternative (2) the name of a sing registered attorney or 2 registered attorney or 2 registered patent attorney or 10 per part of the patent o	vely, e firm (having as a igent) and the name rneys or agents. If in printed.	membe s of up o name	er a 2 & B to to e is 3 entified below, the doc	irch, LLP
"Fee Address" indipTOSB/47: Rev 03-0 Number is required. ASSIGNEE NAME AIPLEASE NOTE: University of the Control	ication (or "Fee Address" 2 or more recent) attach  ND RESIDENCE DATA ess an assignee is identi h in 37 CFR 3.11. Comp  GNEE  RCH A/S ate assignee category or	Indication form ed. Use of a Customer  TO BE PRINTED ON The field below, no assignee letion of this form is NO categories (will not be printed by the printed)	or agents OR, alternative (2) the name of a sing registered attorney or 2 registered attorney or 2 registered patent attorney or 2 registered patent attorney or 2 registered patent attorney or 1 as ubstitute for filing an (B) RESIDENCE: (CITY BALLERUP, inted on the patent):	vely, e firm (having as a agent) and the name rays or agents. If n printed.	membes of upon ame	entified below, the doc RY)  on or other private grou  ously paid issue fee sh	eument has been filed for p entity Government lown above)
"Fee Address" indip PTO/SB/47: Rev 03-0 Number is required.  ASSIGNEE NAME AI PLEASE NOTE: Unit recordation as set forth (A) NAME OF ASSIGNEE NEUROSEA ase check the appropriate following fee(s) and I save Fee Publication Fee (No. 12) Advance Order - #  Change in Entity Staten.	ication (or "Fee Address" 22 or more recent) attach  ND RESIDENCE DATA ess an assignee is identi in in 37 CFR 3.11. Comp  GNEE  RCH A/S iate assignee category or a are submitted: o small entity discount pr of Copies <u>one (1</u> us (from status indicated is SMALL ENTITY status	Indication form ed. Use of a Customer  TO BE PRINTED ON The field below, no assignee letion of this form is NO categories (will not be printed)  above) S. See 37 CFR 1.27.	or agents OR, alternative (2) the name of a sing registered attorney or 2 registered attorney or 2 registered patent attolisted, no name will be THE PATENT (print or type data will appear on the part of the patent):  BALLERUP, inted on the patent):  Payment of Fee(s): (Please of Payment by credit car in the patent) overpayment, to Depo	vely, e firm (having as a agent) and the name ragent) and the name ragents. If n printed.  (x) atent. If an assigne assignment. (and STATE OR CODENMARK  Individual Corse first reapply any d. Form PTO-2038 authorized to charge sit Account Number (ger claiming SMALI)	membe s of up o name e is ide o DUNTI poratic y previ is attace e the re	entified below, the doc RY)  on or other private grou  ously paid issue fee sh  ched.  equired fee(s), any defice  2448 (enclose and	eument has been filed for pentity Government fown above)
TFee Address" indi PTO/SB/47: Rev 03-0 Number is required.  ASSIGNEE NAME AI PLEASE NOTE: University of the coordation as set forth  A) NAME OF ASSIGNEE AI  SE check the appropriate following fee(s) are fee  A publication Fee (No. 24) Advance Order - #  Thange in Entity Stat  a. Applicant claims  TE: The Issue Fee and	ication (or "Fee Address" 22 or more recent) attach  ND RESIDENCE DATA ess an assignee is identi h in 37 CFR 3.11. Comp  GNEE  RCH A/S tate assignee category or are submitted:  o small entity discount p of Copies One (1)  us (from status indicated to SMALL ENTITY status  Dublication Fee fif recount or more recently status  Dublication Fee fif recount	Indication form ed. Use of a Customer  TO BE PRINTED ON The field below, no assignee letion of this form is NO categories (will not be printed)  above) S. See 37 CFR 1.27.	or agents OR, alternative (2) the name of a sing registered attorney or 2 registered attorney or 2 registered attorney or 2 registered patent attorney or 10 registered patent attorney or 10 registered patent attorney or 10 registered patent or type data will appear on the p of a substitute for filing an (B) RESIDENCE: (CITY BALLERUP, inted on the patent):  Description of Fee(s): (Please of Payment of Fee(s): (Please of Payment by credit car The Director is hereby overpayment, to Depo	vely, e firm (having as a agent) and the name ragent) and the name ragents. If n printed.  (x) atent. If an assigne assignment. (and STATE OR CODENMARK  Individual Corse first reapply any d. Form PTO-2038 authorized to charge sit Account Number (ger claiming SMALI)	membe s of up o name e is ide o DUNTI poratic y previ is attace e the re	entified below, the doc RY)  on or other private grou  ously paid issue fee sh  ched.  equired fee(s), any defice  2448 (enclose and	eument has been filed for pentity Government fown above)
TFee Address" indi PTO/SB/47: Rev 03-0 Number is required.  SSIGNEE NAME AI PLEASE NOTE: Universities of the A) NAME OF ASSIGNEE NAME AI NEUROSEA  ase check the approprial issue Fee Publication Fee (No. 22) Advance Order - #  hange in Entity Stat  a. Applicant claims  TE: The Issue Fee and  rest as shown by the restricts.	ication (or "Fee Address" 22 or more recent) attach  ND RESIDENCE DATA ess an assignee is identi h in 37 CFR 3.11. Comp  GNEE  RCH A/S tate assignee category or are submitted:  o small entity discount p of Copies One (1)  us (from status indicated to SMALL ENTITY status  Dublication Fee fif recount or more recently status  Dublication Fee fif recount	Indication form ed. Use of a Customer  TO BE PRINTED ON The field below, no assignee letion of this form is NO field below.  Categories (will not be printed)  above)  See 37 CFR 1.27.  See 37 CFR 1.27.	or agents OR, alternative (2) the name of a sing registered attorney or 2 registered attorney or 2 registered attorney or 2 registered patent attorney or 10 registered patent attorney or 10 registered patent attorney or 10 registered patent or type data will appear on the p of a substitute for filing an (B) RESIDENCE: (CITY BALLERUP, inted on the patent):  Description of Fee(s): (Please of Payment of Fee(s): (Please of Payment by credit car The Director is hereby overpayment, to Depo	vely, e firm (having as a agent) and the name rays or agents. If n printed.	e is ide  poratic  previ  is attace  the re  LENTI	entified below, the doc RY)  on or other private grou  ously paid issue fee sh  ched.  equired fee(s), any defice  2448 (enclose and	eument has been filed for pentity Government fown above)  ciency, or credit any extra copy of this form).
"Fee Address" indip PTO/SB/47: Rev 03-0 Number is required. ASSIGNEE NAME AIPLEASE NOTE: University of the Control of the Cont	ication (or "Fee Address" 22 or more recent) attach 22 or more recent) attach 22 or more recent) attach 23 no RESIDENCE DATA 25 an assignee is identing in 37 CFR 3.11. Composite RCH A/S attached assignee category or are submitted:  10 o small entity discount prof Copies One (1) at a composite of Copies One (1) at a	Indication form ed. Use of a Customer  TO BE PRINTED ON The field below, no assignee letion of this form is NO field below. The field below is no assignee letion of this form is NO field below.  Categories (will not be printed)  above)  S. See 37 CFR 1.27.  ired) will not be accepted as Patent and Trademark.  mstrong	or agents OR, alternati (2) the name of a sing registered attorney or 2 registered attorney or 2 registered attorney or 1 registered attorney or 2 registered patent attorney or 1 registered patent attorney or 1 registered patent or type data will appear on the p of a substitute for filing an (B) RESIDENCE: (CITY BALLERUP, inted on the patent):  Payment of Fee(s): (Plea A check is enclosed.  Payment by credit car The Director is hereby overpayment, to Depo b. Applicant is no long from anyone other than to Office.	vely, e firm (having as a agent) and the name ragent) and the name ragent or agents. If n printed.  (a)  atent. If an assigner assignment. (a) and STATE OR CO DENMARK  Individual Coruse first reapply any d. Form PTO-2038 authorized to charge sit Account Number (a)  ger claiming SMALI are applicant: a regist (a)  Date Apr	e is ide  DUNTI  poratic  y previ  is attac  e the re — 02.	entified below, the doc RY)  on or other private grou  ously paid issue fee sh  ched.  equired fee(s), any defit  2448 (enclose an of  torney or agent; or the  13, 2009  40,069	eument has been filed for pentity Government fown above)  ciency, or credit any extra copy of this form).